

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER	JP	45	4/10
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/10/22
2	✓	✓	4/10/22
3	✓	✓	4/10/22
4	✓	✓	4/10/22
5	✓	✓	4/10/22
6	✓	✓	4/10/22
7	0	0	4/10/22
8	✓	✓	4/10/22
9	0	0	4/10/22
10	✓	✓	4/10/22
11	✓	✓	4/10/22
12	✓	✓	4/10/22
13	✓	✓	4/10/22
14	✓	✓	4/10/22
15			
16			
17	✓✓		
18	NN		
19	✓00✓		
20	✓00✓		
21	✓00✓		
22	✓0✓✓		
23	=✓✓		
24	=✓✓		
25	0✓✓		
26	✓✓✓		
27	=✓✓		
28	=✓✓		
29	=✓✓		
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31	✓=✓✓		
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34	✓✓✓		
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36	✓✓✓✓		
37	✓✓✓✓		
38	✓✓0✓		
39	0		
40	✓		
41	✓		
42	✓✓✓		
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44	✓✓✓		
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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